

MEDICAL DIRECTION COMMISSION MINUTES

**October 21, 2005
150 North 18th Avenue, Suite 540
Phoenix, Arizona**

Members Present

Bentley Bobrow, Chairman
Kevin Conn
Frank Walter
John Gallagher
Thomas Wachtel
Wendy Ann Lucid
Michael Ward

Members Absent

John Raife
Daniel Spaite
Harvey Meislin
Phil Richemont
Carrie Walters

I. CALL TO ORDER

Ben Bobrow, Chairman, called the regular meeting of the Medical Direction Commission to order at 9:25 a.m. A quorum was present.

II. DISCUSSION and ACTION ON AGENDA and APRIL 22, 2005 MINUTES

A motion was made by John Gallagher and seconded by Kevin Conn to approve the agenda for October 21, 2005, and the minutes of April 22, 2005 with no corrections. **Motion Carried.**

III. DISCUSSION and ACTION ON 2006 MEETING DATES

A motion was made by John Gallagher and seconded by Frank Walter to accept the meeting dates for 2006. **Motion Carried**

IV. REPORTS:

A. Report from the Office of the Director

- Niki O'Keeffe, Assistant Director, reported that the new Director is Susan Gerard. Rose Conner is now the Deputy Director of the Department. Will Humble is the Deputy Assistant Director for Public Health, and Jeannette Shea-Ramirez is the Deputy Assistant Director for Prevention.

B. Report from Bureau Chief

1. Regional Council Leadership Meeting

- Gene Wikle, Bureau Chief, reported that on a semi-annual basis the Bureau hosts a Regional Council Leadership Meeting. The last meeting was held on October 4, 2005.
- Approximately 40 people were in attendance. It is an opportunity where various representatives from the four regions come and give the Bureau an opportunity to share what the Bureau will be working on.
- At the Regional Leadership Meeting, the Bureau reported to

the Regional Councils the strategic plan for the New Year. This gave an opportunity for the Regional Councils to see where the Bureau is heading.

- It was reported that a PowerPoint presentation will be given during the EMS Council which will encompass other events involving the Bureau.

2. Trauma Center Designation

- The Governor's Regulatory Review Council passed the Trauma Center Designation Rulemaking on October 6, 2005.
- The rulemaking can be viewed on the Bureau's website.
- An estimated 25 hospitals have showed interest in becoming designated trauma centers within the next two or three years.

V. PROTOCOLS, MEDICATIONS AND DEVICES (PMD) COMMITTEE:

A. PMD Committee Report and Recommendations:

1. Discussion and Action on Revised Pediatric Treatment and Triage Protocols

- John Gallagher reported that the protocols have been reviewed by PMD and that the dosages are appropriate.
- A motion was made by John Gallagher and seconded by Thomas Wachtel to approve the Pediatric Treatment and Triage Protocols. **Motion Carried.**
- A concern arose as to whether the milliamps in the Pediatric Bradycardia, Unstable under ALS, seventh box down, are correct. A suggestion was made to make a clarification as to whether 200 milliamps is appropriate and whether it is to be used with sedation.
- A motion was made by John Gallagher and seconded by Thomas Wachtel to approve the Pediatric Protocol Treatment and Triage Protocols pending confirmation by Dr. Gallagher on the Pediatric Bradycardia Protocol. **Motion Carried.**
- A suggestion was made to confirm whether the dosage of Diazepam and Midazolam within the Pediatric Supraventricular Tachycardia should be 0.1 mg/kg. Other members confirmed that this dosage is appropriate.

2. Discussion and Action on Adopting Drug Profile as Guidance Documents for Vasopressin

- A motion was made by John Gallagher and seconded by Frank Walter to approve the drug profile for Vasopressin **Motion Carried.**

3. Discussion and Action on Proposed Rulemaking and Guidance Documents for EMT-B Use of an Esophageal Tracheal Double Lumen Airway Device (Combitube)

- A motion was made by John Gallagher and seconded by Michael Ward to accept the rulemaking and guidance documents for the ETDLAD (Combitube). **Motion Carried.**
- A recommendation was made to change “*height under 4 feet*” on page 1 of the guidance document under contraindications to read “*height less than 4 feet*”.

On page 2 under advantages, change “*works in tracheal or esophageal position*” to read “*effective in tracheal or esophageal position.*” Delete “*no preparation possible*” because the preparation of the tube falls under insertion procedure, and delete “application of high ventilatory pressures possible.” Under potential complications, add “barotrauma possible.”

A motion was made by John Gallagher and seconded by Michael Ward to accept the guidance document with the suggested recommendations mentioned above.

Motion Carried.

4. Discussion and Action on New Intraosseous Infusion Device

- John Gallagher gave a presentation on a new Intraosseous Infusion Device.
- He reported that the device is a battery-operated drill that has been approved for adults and pediatrics. This device can inject an IO needle into an adult in less than 10 seconds.
- The improvement in this device is that the needle can be inserted manually without the drill.
- Currently external IOs and pediatric IOs are being used, however the new device can be used on both pediatrics and adults.
- A member from the public commented that if a device is FDA approved and is within the EMT scope of practice, is it inefficient to have to go through the MDC and EMS Council approval process.
- In response to the public’s comment, legal counsel will look into the issue of approving devices within the scope of practice and already approved by the FDA.
- A motion was made by John Gallagher and seconded by Frank Walter to approve the device. **Motion Carried.**

5. Discussion and Action on Zoll Medical Autopulse Resuscitation System

- It was reported that the previous medical director brought this device before PMD.
- This device simulates chest compressions.
- Questions arose as to whether this device requires approval for use since it has been approved by the FDA.
- A motion was made by John Gallagher and seconded by Frank Walter to approve this device. **Motion Carried.**

6. Discussion and Action on Approval of the Protocol for Cardiocerebral Resuscitation

- John Gallagher reported that PMD reviewed and approved the CCR protocol.
- A motion was made by John Gallagher and seconded by Frank Walter to approve the CCR protocol.
- Ben Bobrow asked that Dr. Gallagher's motion be amended to approve the protocol as an accepted alternative for adult resuscitation, therefore leaving the decision to use this protocol to each medical director.
- It was reported that fifteen fire departments are reporting cardiac arrest data according to this procedure.
- A question arose as to whether the American Heart Association (AHA) has moved forward in approving this procedure.

Unofficially, the AHA guidelines emphasize performing continuous chest compressions. The AHA does not change the guidelines easily since they require an extensive amount of research in order to make such a change. **Motion Carried.**

VI. ARIZONA DEPARTMENT OF HEALTH SERVICES DISCUSSION AND ACTION ITEMS:

**A. Discussion on Attorney General's Opinion- No. I05-004 (R05-010)
Re: Open Meeting Law Requirements and E-mail To and From
Members of a Public Body**

- This agenda item was moved to the end of the MDC Meeting and beginning of the EMS Council Meeting.

VII. OLD BUSINESS:

A. Rapid Sequence Incubation (RSI) Project Update

- ADHS created a best practice document involving the training items, which should be doing this procedure, how many should be performed a year, and how the procedure should be done. This document can be viewed on the Bureau's website.
- It was reported that the document created by ADHS is a guidance document and is not mandated for all EMS providers

to follow. ADHS requests that agencies performing the procedure report their data on a quarterly basis.

- A concern arose that not all regions in the state have been informed on the new guidance document for RSI.
- It was reported that an e-mail was sent to all EMS agencies regarding the documents, as well as the Bureau's website posting the documents on.
- The question arose as to whether the data that is reported from the agencies concerning RSI would be submitted to MDC, and what MDC will do with the data they are receiving. It was reported that, depending on the data, MDC will review the data and see if any concerning issues arise.
- An issue arose as to whether this procedure will be a liability problem. It was reported that since each Medical Director will decide whether to use the procedure, it rests on the decision of the medical director.
- A second mass notification will be sent to EMS agencies asking to please review the documentation and to submit quarterly reports if your EMT's perform RSI.

B. Calcium Gluconate Pilot Project Annual Update- Fire Chief, Gary Woods

- Fire Chief Gary Woods reported that one incident had occurred since April, which involved a woman. The training for this procedure still continues.

C. Amyl Nitrite Pilot Project Annual Update- Fire Chief, Gary Woods

- Fire Chief Gary Woods reported that they have not had any incidents, but their training continues.

VIII. NEW BUSINESS:

1. Discussion and Action on Task Force Membership for Rulemaking on Control, Use, and Availability of Drugs in Prehospital EMS Setting

- Sarah Harpring reported that in reviewing R9-25-503, ADHS has determined that the text of the rule is out of date. The rule needs to be updated. The document includes requirements for registered nurses and references to rules that have been repealed. Expert input is needed to assist with updating the rule.
- It was proposed to organize a task force with representatives that will meet with the Department on a regular basis to work on the rulemaking. Rose Conner will review the list of names to be selected for the task force.
- A motion was made by John Gallagher and seconded by Kevin Conn to approve the organization of a task force.
- A question arose as to whether a pharmacologist should be

included in the task force. A suggestion was made to include a representative from PMD to be included on the task force.

- Motion was amended to include a PMD member and a pharmacologist as members on the task force. John Gallagher accepted the amendment and was seconded by Kevin Conn.

Motion Carried.

IX. CALL TO THE PUBLIC

A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. At the conclusion of an open call to the public, individual members of the public body may respond to criticism made by those who have addressed the public body, may ask staff to review a matter, or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action. A.R.S. § 38-431.01 (G).

- No public comments were made.

X. SUMMARY OF CURRENT EVENTS

Members of the public body may present a brief summary of current events. Members of the public body shall not propose, discuss, deliberate, or take legal action on matters raised during a summary of current events unless the matters are properly noticed for discussion and legal action.

- No information was presented.

XI. ANNOUNCEMENT OF NEXT MEETING –January 20, 2006

XII. ADJOURNMENT

- Meeting was adjourned at 10:25 a.m.